



Complete Summary

TITLE

Mental health: percent of eligible patients screened annually for depression.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of eligible patients screened annually for depression.

RATIONALE

Major depression is a highly prevalent, morbid, and costly illness that is often unrecognized and inadequately treated. Major depression is one of the most common illnesses seen by primary care physicians and although primary care providers manage the majority of patients with major depression, up to 50% of cases can go unrecognized. Depressed medical patients have increased disability, health-care utilization, and mortality from suicide and other causes, as well as reduced productivity and health-related quality of life. The Veterans Administration (VA) requires screening for depression because depression screening has the potential to improve depression recognition and hasten follow-up and treatment. Depression-screening tools can also help reduce the likelihood

of misdiagnosing depression or prescribing medications for patients who may not be clinically depressed, and therefore would not benefit from an antidepressant.

PRIMARY CLINICAL COMPONENT

Mental health; depression; screening; Patient Health Questionnaire (PHQ-2); PHQ-9

DENOMINATOR DESCRIPTION

Patients from the NEXUS Clinic cohort eligible for depression screening (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Eligible patients screened annually for depression using either the Patient Health Questionnaire (PHQ-2) or PHQ-9, with item-wise recording of item responses and total score (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

See the "Rationale" field.

COSTS

See the "Rationale" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients from the NEXUS Clinic cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients from the NEXUS Clinic cohort* eligible for depression screening**

*Refer to the original measure documentation for patient cohort description.

***Patient eligible for depression screening* during the 12 months prior to pull date and are in the NEXUS cohort minus exclusions

Exclusions

Patients are excluded if:

- Recognized diagnosis of Depression in the past 12 months as evidenced by at least one clinical encounter where Depression was identified as the primary or secondary reason for the encounter. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code 296.2-296.3, or 298.0, or 300.4, or 301.12, or 309.0, or 309.1, or 309.28, or 311 will be used to

identify Depression encounters.

OR

- Recognized diagnosis of bipolar disorder in the past 12 months as evidenced by at least one clinical encounter where bipolar disorder was identified as the primary or secondary reason for the encounter. ICD-9-CM code 296.5x, 296.6x, 296.7x and 296.8x will be used to identify bipolar disorder encounters.

OR

- With documented moderate or severe cognitive impairment.
 - Provider documentation that the patient is moderately impaired or severely impaired or chronically severely impaired or too cognitively impaired to participate in screening.

Refer to the original measure documentation for additional details.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Eligible patients screened annually for depression using either the Patient Health Questionnaire (PHQ-2) or PHQ-9, with item-wise recording of item responses and total score*

***Note:**

- *Screening for depression using PHQ-2 includes:* Being screened using the standard two question PHQ-2 Screen with item wise recording of responses to both questions, summary score and result must be documented in the medical record. Maximum score is 6, and a positive score is 3 or more.
- *Screening for depression using PHQ-9 includes:* If the facility chooses to use the PHQ-9, acceptable evidence of screening documentation is item-wise recording of responses to all questions, summary score, and outcome/result documented in the medical record.
- *Affirmative response on Question 9 of the PHQ-9:* Answering Question 9 of the PHQ-9 - Thoughts that you would be better off dead, or of hurting yourself in some way with response 1 (Several days), 2 (More than half the days), or 3 (Nearly every day) regardless of total PHQ-9 score.

Note: Telephone screening is acceptable.

Refer to the original measure documentation for additional details.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

- Patient Health Questionnaire (PHQ-2)
- PHQ-9

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Depression screening using PHQ-2 or PHQ-9.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Mission Critical Measures](#)

MEASURE SUBSET NAME

[Screening](#)

DEVELOPER

Veterans Health Administration

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Oct

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY 2008, Q1 technical manual for the VHA performance measurement system. Washington (DC): Washington (DC); 2007 Oct 31. 315 p.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

MEASURE AVAILABILITY

The individual measure, "Depression Screening Using PHQ-2 or PHQ-9," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

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NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 7, 2008. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on December 1, 2009. The information was verified by the measure developer on March 22, 2010.

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